

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 MAY 18 AM 10:31

OFFICE OF THE CHIEF PARK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: <u>Deni Gruson</u>		Daytime Telephone
FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: <u>FL</u>
	District: <u>03</u>	Candidates - Date of Election: <u>1/6/19</u>
New Officer or Employee		Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant <input type="checkbox"/> to
Employing Office: _____		Period Covered: January 1, 2017
<input type="checkbox"/> Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late.		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
f. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
g. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: *David Grason*

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BLOCK A		BLOCK B												BLOCK C												BLOCK D																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Assets and Income Sources		Value of Asset												Type of Income												Amount of Income																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<p>Identify (a) each asset held for investment, or indicate value of asset at close of the reporting period. If your Check in column that apply. For accounts that generate un-deferred income (such as pension, profit sharing, or 401(k) accounts), you may check the "Non-Deferred" column. Dividends, interest, and capital gains held in taxable accounts are not included, since they should be reported on Schedule D. Check "None" if an asset was sold during the reporting period and to indicate only because it generated income, the value should be "None."</p> <p>(b) any corporate names of stocks and mutual funds held by your spouse or dependent child in which you have no interest.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<p>For all W-2s, and other relevant places (such as 401(k) plans), provide the value for each asset held in the account that awards the reporting firm/works.</p> <p>For bank and other cash accounts, list the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For real and other real property held for investment purposes, a complete address or description, e.g., "rental property", and a city and state.</p> <p>For an ownership interest in a privately-held business, list the party held, name of the business, the nature of the interest, and the appropriate location in Block A.</p> <p>Indicate: Your personal residence, including address and valuation (either fair market value or cost) during the reporting period; and any charitable contribution to, or income derived from, a National retirement program, including the Thrift Savings Plan.</p> <p>If you have a privately-held trust that is an Investment Fund, please check the TSP box.</p> <p>If you so choose, you may indicate that an asset or income source is "out of your spouse (SP) or dependent child (DC), or joint held with anyone (J)."</p> <p>For a detailed description of Schedule A requirements, see the notes to the Instruction booklet.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Barb Greson

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: David Granger

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: DemGredor

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SCHEDULE C – EARNED INCOME

Name: Dona Grasor

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Let the sources, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act, and their spouse, list the source and amount of any nonbasis. List only the source for other spouse earned income exceeding \$1,000. See example.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:			
ABC Trade Association, Baltimore, MD (Apr. 15)	Honorarium	\$0	\$200
State of Maryland	Salary	\$20,000	\$16,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Oriental County Board of Education	Spouse Salary	N/A	N/A
MDExpert Consulting, Inc.	Salary	\$20,000	\$31,011
IRA Conversion	Spouse (to Roth IRA)	N/A	\$120,419

SCHEDULE D - LIABILITIES

Name: Debra Grayson

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. **Column K** is for liabilities held solely by your spouse or dependent child.

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates** and **new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
President	West Coast Lab Blood Products
Chairman	Van Buren Chiropractic
Consultant	Immigration Inc
Chairwoman	Veterans
Chairwoman	GSC Council

Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name: Dan Grason

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and ~~two~~ prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)		Brief Description of Duties
Example:		
Bob Jones & Smith, Homestead, Homestate	Accounting Services	
Boerust Research	Consulting	
John Bluthers, Inc.	Consulting	
Metropot Consulting	Marketing	
Verdien	Consulting	
Verusphere, Inc.	Consulting	

Use additional sheets if more space is required.